UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK	Chapter 13
In Re: ANNA M. SACKOLWITZ,	Case No. 8-19-73236-las
Debtor(s)	
X AFFIDAVIT PURSUANT	TO LOCAL RULE 1007-1(b)

ANNA M. SACKOLWITZ, the undersigned debtors herein, swear as follows:

- 1. Debtor filled a petition under chapter 13 of the Bankruptcy Code on May 3, 2019
- 2. Schedules <u>I</u>, <u>J</u>, and <u>Summary of Assets</u> were not filed at the time of filing of the said petition, and are being filed herewith.
- 3. The schedules filed herewith reflect no additions or corrections to, or deletions from, the list of creditors which accompanied the petition.

Annexed hereto is a listing of names and addresses of scheduled creditors added to or deleted from the list of creditors which accompanied the petition. Also listed, as applicable, are any scheduled creditors whose previously listed names and/or addresses have been corrected. The nature of the change (addition, deletion or correction) is indicated for each creditor listed.

4. (If creditors being added) An amended mailing matrix is annexed hereto, listing added creditors **ONLY**, in the format prescribed by Local Rule 1007-3.

Reminder: No amendment of schedules is affective until proof of service in accordance with EDNYLBR 1009-1(b) has been filed with the Court

Any additions to the list of creditors which accompanied the petition will be deemed an amendment to that list; if this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtors within 14 days following filing of proof of service of this affirmation, all attachments and the amended schedules in accordance with EDNY LRB 1009-1

Dated: May 3, 2019

/S/Anna M. Sackolwitz ANNA M. SACKOLWITZ

Sworn To before me this 29th day of May, 2019

/s/ Angela Yadgaroff
Notary Public of the State of New York
ID No.; 01YA6206614
Qualified in Queens County
Commission Expires on May 26, 2021

Fill	in this information to identify your ca	ise:								
Det	otor 1 Anna M. Sac	kolwitz								
	otor 2 use, if filing)				-					
Uni	ted States Bankruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK							
	se number 8-19-73236					Check if this is:				
(If kn	own)					☐ An amended	_			
L								ng postpetition chapter ollowing date:		
01	fficial Form 106l					MM / DD/ Y	YYY			
S	chedule I: Your Inco	ome						12/1		
sup spor atta	es complete and accurate as possible plying correct information. If you use. If you are separated and you che a separate sheet to this form. Our temployment	are married and not filir r spouse is not filing wi	ng jointly, and your spo th you, do not include i	use i nfori	s living	g with you, inclu about your spo	ide infori use. If m	mation about your ore space is needed,		
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-f	iling spouse		
	If you have more than one job,	Employment status	■ Employed			■ Emplo	yed			
	attach a separate page with information about additional	Employment status			□ Not €			employed		
	employers.	Occupation	Supervising School	ng School Aid Haird			resser			
	Include part-time, seasonal, or self-employed work.	Employer's name	NYC Dept of Educa	ation	<u> </u>	Armani	i Salon			
	Occupation may include student or homemaker, if it applies.	Employer's address	1665 St Marks Ave Brooklyn, NY 1123		381 Sunrise Hgway Lynbrook, NY 11563					
		How long employed t	here? 25 years			1:	5 years			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have nothing to repo	rt for	any line	e, write \$0 in the	space. In	clude your non-filing		
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information fo	r all e	employe	ers for that perso	n on the li	ines below. If you need		
					F	or Debtor 1		btor 2 or ing spouse		
2.	List monthly gross wages, salar deductions). If not paid monthly, or			2.	\$	3,407.73	\$	0.00		
3.	Estimate and list monthly overti	ime pay.		3.	+\$	0.00	+\$	0.00		
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	\$ 3,407.73 \$ 0.00		0.00		

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Debi	tor 1	Anna M. Sackolwitz		Case	e number (if known)	8-19-7323	3	
					r Debtor 1	For Debto		
	Copy	y line 4 here	4.	\$	3,407.73	\$	0.00)
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	576.38	\$	0.00	
	5b. 5c.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$ \$	477.08	\$	0.00	
	5a.	Insurance	5u. 5e.	Ф_ \$	206.33 13.17	\$ \$	0.00	-
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	-
	5g.	Union dues	5g.	\$	42.21	\$	0.00	
	5h.	Other deductions. Specify:	5h.			+ \$	0.00	nomina and
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,315.17	\$	0.00)
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,092.56	\$	0.00)
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
	٥L	monthly net income.	8a.	\$	0.00		1,395.92	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	\$_	0.00	\$	0.00)
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00)
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	0.00)
	8e.	Social Security	8e.	\$	0.00	\$	0.00)
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00	0
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00)
	8h.	Other monthly income. Specify:	8h.	+ \$	0.00	+ \$	0.00)
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	1,395.9	92
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		2,092.56 + \$	1,395.92	= \$	3,488.4
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not cify:	deper		•	•		0.0
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					L	3,488.4
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				Comb month	ined ily income
		Yes. Explain:		***************************************				***************************************

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Fill	in this information to identify your case:				
Deb	tor 1 Anna M. Sackolwitz		Che	eck if this is:	
				An amended filing	
1	tor 2 buse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:
	A COLUMN DE LA CALLA DE MEMONIO	ODK			
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO	ORK		MM / DD / YYYY	
	e number 8-19-73236 nown)				
L					
O.	fficial Form 106J				
S	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this nber (if known). Answer every question.	e filing together, both form. On the top of ar	are equ ny addit	ually responsible fo onal pages, write y	r supplying correct our name and case
Par 1.	t1: Describe Your Household Is this a joint case?				
1.	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Househo	ld of De	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
					□ No □ Yes
				***************************************	□ Yes □ No
					☐ Yes
					□ No
3.	Do your expenses include				☐ Yes
٥.	Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes				
Par	t2: Estimate Your Ongoing Monthly Expenses				
exp	imate your expenses as of your bankruptcy filing date unless y enses as of a date after the bankruptcy is filed. If this is a supp blicable date.	ou are using this form lemental <i>Schedule J</i> ,	n as a s check t	upplement in a Cha he box at the top of	pter 13 case to report f the form and fill in the
the	lude expenses paid for with non-cash government assistance it value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.)	f you know 'our Income		Your expe	anses
,	······································				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.		200.00
_	4d. Homeowner's association or condominium dues		4d.	·	0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5.	\$	0.00

Debtor 1 Ann	a M. Sackolwitz	Case num	ber (if known)	8-19-73236
6. Utilities:				
6a. Elect	ricity, heat, natural gas	6a.	\$	450.00
6b. Wate	r, sewer, garbage collection	6b.	\$	30.00
6c. Telej	phone, cell phone, Internet, satellite, and cable services	6c.	\$	170.00
6d. Othe	r. Specify:	6d.	\$	0.00
Food and I	ousekeeping supplies	7.	\$	1,300.00
Childcare	and children's education costs	8.	\$	0.00
Clothing, I	aundry, and dry cleaning	9.	\$	250.00
_	are products and services	10.	\$	300.00
	d dental expenses	11.	\$	100.00
2. Transporta	tion. Include gas, maintenance, bus or train fare.			
	ide car payments.	12.	\$	600.00
3. Entertainn	ent, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
. Charitable	contributions and religious donations	14.	\$	30.00
. Insurance.				
	de insurance deducted from your pay or included in lines 4 or 20.			
15a. Life i		15a.	\$	0.00
15b. Heal	h insurance	15b.	\$	0.00
15c. Vehi	cle insurance	15c.	\$	310.00
15d. Othe	r insurance. Specify:	15d.	\$	0.00
6. Taxes. Do	not include taxes deducted from your pay or included in lines 4 or 20.		And the second s	200 A 100 A
Specify:		16.	\$	0.00
	t or lease payments:			
17a. Carı	payments for Vehicle 1	17a.	\$	0.00
17b. Car	payments for Vehicle 2	17b.	\$	0.00
17c. Othe	r. Specify:	17c.	\$	0.00
17d. Othe	r. Specify:	17d.	\$	0.00
8. Your paym	ents of alimony, maintenance, and support that you did not report as			
deducted	rom your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Other payı	nents you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e	edule I: Yo	ur Income.	
20a. Mort	gages on other property	20a.		0.00
	estate taxes	20b.	\$	0.00
20c. Prop	erty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Main	tenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Hom	eowner's association or condominium dues	20e.	\$	0.00
1. Other: Spe	cify:	21.	+\$	0.00
	our monthly expenses			
	nes 4 through 21.		\$	3,890.00
22b. Copy	ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add lii	ne 22a and 22b. The result is your monthly expenses.		\$	3,890.00
2 0 1 - 1 - 1				
	your monthly net income.	00	Φ.	
	line 12 (your combined monthly income) from Schedule I.	23a.		3,488.48
23b. Copy	your monthly expenses from line 22c above.	23b.	-\$	3,890.00
	ract your monthly expenses from your monthly income.	23c.	\$	-401.52
ine	result is your monthly net income.	230.	L *	
For example modification	pect an increase or decrease in your expenses within the year after you do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?	ou file this ir mortgage (s form? payment to incre	ease or decrease because of a
No.				
☐ Yes.	Explain here:			

	n this information to identify your case:		
Deb	first Name Middle Name Last Name		
Deb	for 2		
(Spot	se If, filing) First Name Middle Name Last Name		
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK		
Cas	e number 8-19-73236		
(if kno	wn)	_	if this is an
L		amend	ed filing
○ 4	inial Farma 4000 ma		
	icial Form 106Sum		
	nmary of Your Assets and Liabilities and Certain Statistical Information scomplete and accurate as possible. If two married people are filing together, both are equally responsible for		2/15
infor	mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendo original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	ed schedule	es after you file
		Your as Value of	sets what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	450,000.0
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,220.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	455,220.0
Par	2: Summarize Your Liabilities		
		Your lia Amount	
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	532,270.2
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	10,099.0
	Your total liabilities	\$	542,369.26
Par	3. Summarize Your Income and Expenses	,, , , , , , , , , , , , , , , , , , ,	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,488.4
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,890.0
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sche	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal, f	amily, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and su	bmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debte	Or 1 Anna M. Sackolwitz Case number (if known) 8-19-732	36
	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 4,803.65

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	6,403.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	6,403.00